

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

2023 SEP 25 PM 10:25

ALFREDO
(1) MARTINEZ-PEREZ QP-1055 :
(Name of Plaintiff) (Inmate Number) :
SCIOCHESTER :
500 EAST 4TH STREET CHESTER PA 19013 :
(Address) :

(2) Alfredo MARTINEZ PEREZ 1055 :
(Name of Plaintiff) (Inmate Number) :
300 S.W. 40th AVE-14060 LA :
(Address) 34474 FL :

2023-cv-7393
(Case Number)

(Each named party must be numbered,
and all names must be printed or typed)

vs.

CIVIL COMPLAINT

(1) GINA CLARK :
(2) M. QUINN :
(3) PAUL LITTLE :
(Names of Defendants) :

FILED
HARRISBURG, PA

OCT 10 2023

PER ITM
DEPUTY CLERK

(Each named party must be numbered,
and all names must be printed or typed)

TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS
☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NO PREVIOUS SUITS

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No

C. If your answer to "B" is Yes:

1. What steps did you take? GREIVANCES WERE FILED IN ALL 3 LEVELS AND APPEALED IN THE SAME.
2. What was the result? ALL GREIVANCES WERE DENIED

D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS

- (1) Name of first defendant: GINA CLARK
 Employed as SUPERINTENDANT at SCI CHESTER
 Mailing address: 500 EAST 4TH STREET CHESTER PA 19013
- (2) Name of second defendant: M. QUINN
 Employed as GREIVANCE COORDINATOR at SCI CHESTER
 Mailing address: 500 EAST 4TH STREET CHESTER PA 19013
- (3) Name of third defendant: DR. PAUL LITTLE
 Employed as DOCTOR at SCI CHESTER
 Mailing address: 500 EAST 4TH STREET CHESTER PA 19013

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. M. QUINN REJECTED 5 TOTAL GREIVANCES USING TACTICAL WORDPLAY TO JUSTIFY HER ACTIONS, SHE LIED, GINA CLARK IS

HER SUPERVISOR AND ALLOWED IT

2. M. QUINN USED HER POSITION TO FURTHER DENY ME MEDICAL CARE BY DENYING MY GRIEVANCES BY LYING AND USING TACTICAL WORDPLAY.
3. DR. PAUL LITTLE DID NOT GIVE ME PROPER CARE, HE SIMPLY GAVE ME LOW LEVEL PAIN RELIEVERS AND SENT ME ON MY WAY

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I WANT TO RECEIVE MEDICAL CARE AT THEIR EXPENSE.
2. I WANT POLICY CHANGE TO STOP FUTURE ACTS TO DENY OTHERS THEIR FUNDAMENTAL RIGHTS.
3. I WOULD LIKE AN AWARD FOR MY PAIN AND DAMAGE CAUSED BY A DELAY IN MEDICAL TREATMENT.

AUGUST 23/23

1

Alfredo MARTINEZ PEREZ QP1055

FROM OCTOBER 2, 2021
UP TO THE PRESENT DATE I HAVE
BEEN SUFFERING FROM A PRO-
GRESSIVE LOWER BACK INJURY.
I BROUGHT IT TO THE ATTENTION
OF EVERY MEDICAL DEPARTMENT
IN EACH INSTITUTION I WAS
PLACED IN; UNION COUNTY PRISON,
SCI SMITHFIELD, SCI CAMP HILL,
AND SCI CHESTER AND IN EACH
CASE MY NEEDS WERE MINIMIZED
AND IGNORED. ALL ALONG MY BACK
GOT WORSE AND NOW IT IS BE-
COMING A SERIOUS MATTER. MY
MOBILITY IS LIMITED AND MY
QUALITY OF LIFE IS NOT OPTIMAL.
I'VE ASKED ONLY FOR ADEQUATE
MEDICAL CARE AS IS PROMISED
UNDER ESTELLE V. GAMBLE 429 U.S.
97 (1976) AND THE 8TH AMENDMENT
U.S.C.

I'VE FILED ALL OF THE PRO-
PER REMEDIES AND FOLLOWED THE
INSTITUTIONAL GRIEVANCE SYS-
TEM AND I'VE KEPT A CONCISE

AND COMPLETE RECORD OF EACH STEP AND CREATED A CLEAR "PAPER TRAIL" IN ORDER TO BACK MY CLAIMS OF NEGLIGENCE AND EVEN QUITE POSSIBLY "DILIBERATE INDIFFERENCE". MY CASE IS SIMPLE AND OBVIOUSLY A MATTER OF THE SYSTEM NOT WORKING, THANK YOU FOR YOUR TIME AND ASSISTANCE IN THIS MATTER.

RESPECTFULLY,

I declare under penalty of perjury that the foregoing is true and correct.

Signed this AUGUST day of 23, 2023.

Alfredo M. Perez
(Signature of Plaintiff)

THIS LETTER IS TO INFORM YOU OF THE STEPS I HAVE TAKEN TO REMEDY THE SITUATION FOR WHICH I AM FILING THIS ACTION AGAINST; ADMINISTRATOR GINA CLARK, GRIEVANCE COORDINATOR M. QUINN, AND DOCTOR PAUL LITTLE.

MY FIRST STEP WAS TO ADDRESS MY MEDICAL NEEDS VIA THE INMATE MEDICAL SICK CALL SLIP. MY SECOND STEP WAS TO FILE AN INMATE GRIEVANCE TO M. QUINN (GRIEVANCE COORDINATOR). MY THIRD STEP WAS TO FILE A GRIEVANCE APPEAL TO THE FACILITY MANAGER. MY FOURTH STEP WAS TO FILE A SECONDARY APPEAL TO THE SUPERINTENDANT. MY FIFTH STEP WAS TO FILE WITH THE COMMISSIONER IN MECHANIC'SBURG. ALL OF THESE WERE REJECTED, AS IS EXPECTED WHEN DEALING WITH THE DEPARTMENT OF CORRECTIONS,

NOW I AM FORCED TO PURSUE MY NEEDS IN COURT.

I HAVE A PROGRESSIVELY WORSENING MEDICAL CONDITION AND THE DEPARTMENT OF CORRECTIONS IS IGNORING IT. I HAVE ALL OF THE PROPER PAPER WORK (PAPER TRAIL) AND HAVE NOW FILED A (LAW) SUIT VIA 1983 CIVIL RIGHTS. MY MEDICAL ISSUE WAS JUST A MEDICAL ISSUE BUT IT HAS NOW BECOME A QUALITY OF LIFE ISSUE. I AM SEEKING PAYMENT OF MY MEDICAL BILLS, AN ACTING UPON MY MEDICAL ISSUES, AND A PUNITIVE AWARD FOR MY QUALITY OF LIFE.

I'VE LOST TIME, I'VE LOST MOBILITY, AND I AM IN CONSTANT DISCOMFORT. HAD THE DEPARTMENT OF CORRECTIONS ACTED ON MY MEDICAL ISSUES I WOULD NOT BE IN THE PLACE I AM AT. THEIR INACTION IS WHY

I'M SUFFERING AS I AM NOW, I
AM NOW SEEKING THIS LEGAL
REMEDY AS IS MY RIGHT.

THANK YOU FOR YOUR TIME
AND ASSISTANCE IN THIS MATTER!

RESPECTFULLY YOURS,

RECEIVED
COURT ALMAY
10/10/23